

Case Number:	CM14-0031241		
Date Assigned:	03/19/2014	Date of Injury:	06/07/2006
Decision Date:	05/08/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 40 year old female who was injured on 06/07/2006 when she fell out of a chair. Prior treatment history has included the patient undergoing the following surgery on 04/27/2010: 1) Left shoulder arthroscopy. 2) Anterior subacromial decompression. 3) Arthroscopic debridement of the rotator cuff. 4) Bursoscopy. 5) Partial synovectomy. 6) Removal of loose bodies. The patient's medications are as follows: 1. Cymbalta 2. Clonazepam 3. Flexeril 4. Celebrex 5. Vicodin 6. Trazodone 7. Prilosec 8. Sumatriptan 9. Restoril 10. Advair 11. Ferrous Gluconate 12. Folic acid 13. Klor-con 14. Lasix 15. Lysteda 16. Metformin 17. Albuterol 18. Falmina 19. Ferrous Sulfate 20. Freestyle Lancets 21. Multivitamin 22. Nystatin Progress note dated 09/23/2013 documented the patient to have complaints of heartburn. Objective findings on exam included abdomen within normal limits. Progress note dated 11/04/2013 documented the patient with complaints of ongoing neck pain radiating between the shoulder blades with associated headaches. She also has ongoing complaints of swallowing difficulties. Objective findings on examination reveal in palpation there is evidence of tenderness throughout the bilateral trapezius. Radial pulses are palpable bilaterally. Motor power is 5/5 in shoulder abduction, elbow flexion, elbow extension, wrist extension, wrist flexion, finger abduction and thumb abduction. Progress note dated 10/24/2013 documented the patient with symptoms of fever for one month accompanied by wheezing and coughing up greenish phlegm. She went to the emergency room at [REDACTED]. She was having pleuritic chest pain as well at that time. She was discharged with prednisone taper and she was told that she had a viral syndrome and no antibiotics were given. She is afebrile. She seems to be slowly getting better. She wants a written portable oxygen and refill of Advair. Objective findings on exam reveal a morbid obese female. Heart with regular rate and rhythm without thrills or rubs. Ejection systolic murmur with loud P2, tachycardic. Extremities normal pulses and 1+ edema. Progress note dated

09/30/2013 documented the patient with complaints of throat problems. Objective findings on examination of the gastrointestinal reveal positive reflux, diarrhea and constipation but not hepatitis or flatulence or colitis. Progress note dated 09/26/2013 documented the patient was in the office for nutritional counseling. She was not having any gastrointestinal problems.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PRILOSEC 20MG 1 PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state medications such as Prilosec may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of acetylsalicylic acid, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs (e.g., NSAID + low-dose ASA). However, none of the above listed criteria apply to this patient. The medical records indicate that the patient was having intermittent symptoms of heartburn, but these complaints were not always present. The guidelines recommend gastrointestinal protection for patients with specific risk factors; however, the medical records do not establish the patient is at risk for gastrointestinal events. In accordance with the MTUS guidelines, Prilosec is not medically necessary and therefore the request is non-certified.